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Bib Data Sheet

CONFIRMATION NO. 9288

SERIAL NUMBER 10/692,846	FILING DATE 10/27/2003  RULE	CLASS 137	GROUP ART UNIT 3753	ATTORNEY DOCKET NO. 737-B01.US
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

None

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 01/28/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CANADA	SHEETS DRAWING 6	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 1
Verified and Acknowledged	RK Examiner's Signature _____ Initials _____				

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## TITLE

Proportional valve

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )